

~~CONFIDENTIAL~~
SOUTH DAKOTA MILITARY ACADEMY
APPLICATION FOR OFFICER SCHOOLS

Name (Last, First, MI)				Unit	
Grade/Rank	ETS	SSN	Security Clearance <i>Check Box</i> <i>YES or NO</i>	Mailing Address	
Height <i>Drop Down Box</i>	Weight	Place & County of Birth	Home Telephone	Business Telephone	
Age <i>Drop Down Box</i>	Civilian Education (Years) HS: <i>Drop Down Box</i> College: <i>Drop Down Box</i>		Qualification Test Scores GT & Date: OSB & Date:		Waivers: (Reason)
Military Service: (Months) Active: <i>Drop Down Box</i> USAR: <i>Drop Down Box</i> USNR: <i>Drop Down Box</i> USAF: <i>Drop Down Box</i> ARNG: <i>Drop Down Box</i> Other:				(Requests for Waivers attach)	
PMOS:	SMOS:	Additional:	Training Status: In Lieu of AT-		Justification:
Civilian Occupation:			In Addition to AT-		
Name and Address of Employer:			IADT-		
Course Requested:			Inclusive Dates <i>Drop Down Box</i>		Location
Service Schools Attended:					
School	Course Title		Location	Year Graduated <i>Drop Down Box</i>	
Military Duty Position:					
Civilian Schools Attended:					
School	Location		Major/Course	*Graduated (Yr) <i>Drop Down Box</i>	
*Indicate either highest grade completed/Year Graduated or the number of Semester Hours or credits completed.					
Marital Status:					
Spouse's Name		Date of Marriage <i>Drop Down Box</i>	Date DA 3298 Recertified: <i>Drop Down Box</i> Relationship: <i>Drop Down Box</i>		
Withholding Exemptions Claimed on W-2:			Names of Dependents:		
I agree that I will, unless relieved by proper authority, continue to serve in the Army National Guard for a period not less than two years after completion of this course:					
<u><i>Drop Down Box</i></u> (Date)			<u><i>Electronic Signature</i></u> (Signature of Applicant)		

UNIT COMMANDER INDORSEMENT

UNIT:

TO:

I HAVE REVIEWED THIS APPLICATION AND FEEL THIS SOLDIER DOES MEET ALL THE REQUIREMENTS FOR ATTENDANCE AT THE OCS ACADEMY.

NAME AND RANK Electronic Signature Drop Down Box
SIGNATURE DATE

BN CDR INDORSEMENT

HQ:

TO:

Check Box
RECOMMEND (APPROVAL) (DISAPPROVAL). Circle as appropriate.

TYPED NAME, RANK, AND TITLE Electronic Signature Drop Down Box
SIGNATURE DATE

TROOP COMMAND/GP/BDE/ IND

HQ:

TO: TAGO, ATTN: President, OCS Selection Board, 2823 West Main, Rapid City, SD 57702-8186

Check Box
I RECOMMEND (APPROVAL) (DISAPPROVAL). Circle as appropriate.

TYPED NAME, RANK, AND TITLE Electronic Signature Drop Down Box
SIGNATURE DATE

PRESIDENT, OCS SELECTION BOARD

TO: TAGO, SDPOTO-MA, 2823 West Main, Rapid City, SD 57702-8186

Check Box
RECOMMEND (APPROVAL) (DISAPPROVAL). Circle as appropriate.

TYPED NAME, RANK, AND TITLE Electronic Signature Drop Down Box
SIGNATURE DATE